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**Dilemmas of Inter-Professional Collaboration: Can they be resolved?**

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**Abstract**

Members of eight inter-professional teams working in different areas of children’s services discussed their thoughts on three types of inter-professional dilemmas. Participants described resolutions to dilemmas in terms of the construction and pursuit of joint goals. However, emergent themes included identity, power, territory, and expertise. These arise from professionals’ everyday roles and activities, and can directly influence construction and pursuit of joint goals. Successful collaboration, therefore, may entail some degree of professional self-sacrifice in these areas.

**Introduction**

Inter-professional collaboration is increasingly important in children’s services (DfES,2004). Partnerships in public services mean that professionals from different agencies and professions must now work together more. They experience challenges arising from differing ideologies, working practices and priorities. This study examines some of these challenges in terms of dilemmas in practice around role, identity and control. The resolution of these dilemmas is understood in terms of collective preferences, a concept not previously applied to this kind of collaboration.

**Conceptual Background**

*Shared goals and collective preferences:*

The literature on inter-professional and partnership working identifies shared purposes and common goals as important factors. A commitment to shared goals and to the process of joint working is assumed essential for effective collaboration (eg Atkinson and others, 2002; Dowling, Powell and Glendinning, 2004); from managerial levels through to delivery levels (Sloper, 2004). A sense of shared responsibility is often necessary for successful outcomes; this can be enhanced when there is trust and confidence that other professions are available and willing to take up a child’s case when needed, and provision should be built into communication systems to facilitate this trust (Glenny and Roaf, 2008). When problems are too complex to be dealt with by just one profession, all parties stand to benefit from partnership, and motivation for collaborative working can increase (Hartas, 2004; Dhillon, 2007). Furthermore, clarity of goals can facilitate collaboration (e.g. Anning and others, 2006; Dhillon, 2007; Sloper 2004).

Group members may hold different values, concepts and knowledge bases, but still contribute to shared aims (Frost and Robinson, 2007): shared aims can be general enough to allow for different specific values, and can be functional in relation to broad questions such as “how can we address this problem?”. The literature also indicates that once a joint aim has been established, there is a

need for a clear strategy for achieving collaborative working (Harris, 2003; Tett, Crowther and O'Hara, 2003)

This paper draws on a theoretical concept, collective preferences (Gilbert 2001), or team reasoning (Sugden, 2005), that brings together these ideas about shared purposes, joint responsibility for and commitment to these purposes, and finding strategies to progress these purposes. Collective preferences occur when people consider their actions and resultant outcomes in terms of "what the group wants", rather than what they, as individuals, want. This perspective assumes, therefore, that individuals in interaction develop commitments and a sense of shared responsibility for the group's goals and outcomes.

Collective preferences are enacted when:

- i. The group prefers and intends to achieve the best outcome for the group, and
- ii. the individual acts as a part of the group to achieve this outcome.

This is applicable to collaboration because the key role of shared goals is identified, with these goals guiding the way that individuals work together to solve problems. Collective preferences involve: i. the processes of generating shared goals, ii. shared perceptions of collective responsibility and iii. willingness to act as part of a group. This integrates and highlights some of the underlying processes in inter-professional groups; it pulls together the different stages of decision and action that are involved in joint work in a way that is currently unaddressed in the literature.

#### *Dilemmas in multi-agency working:*

Inter-professional teams, by their very nature, are likely to experience problems (Sloper 2004; Watson, 2006), particularly around trying to develop and coordinate a collective goal. Many of these problems can be experienced as dilemmas, defined as situations where there is a difficult decision because all available options have disadvantages. This extends Anning and others' (2006) conceptualisation of tensions in inter-professional working, by clarifying the distinction between problems with relatively straightforward solutions and dilemmas where resolutions still have some disadvantages.. This paper newly conceptualises these inter-professional dilemmas in three ways: dilemmas around role, identity, and control.

#### *Role dilemmas*

Dilemmas around role occur in situations where professionals face conflict about roles that do not use their area of specialist expertise, as well as where professionals feel that their expertise and knowledge is devalued when less-qualified individuals take on specialist roles. Adopting a more generic role in a

team can help practitioners overcome professional boundaries (Abbot, Watson and Townsley, 2005), but doing tasks that are generic or outside one's area of expertise can be problematic. Generic tasks are often important in multi-agency teams but with a team of specialists, there may be reluctance to undertake such tasks. Leadbetter (2008) cautions that territoriality around preserves of practice may lead to compartmentalised views of the child. However, while generic roles may enable services to be delivered more quickly, they may also result in some overlap in delivery, anxiety about "poaching" of work, and concerns around quality of service provision (Frost and Robinson, 2007; Webb and Vulliamy, 2001). In essence, then, role dilemmas concern the appropriateness of tasks undertaken by an individual.

*Identity dilemmas*

Identity dilemmas occur when there are tensions between an individual's specialist but bounded professional knowledge and their wider knowledge which spans professional boundaries. The idea of a "hybrid" professional, with a mix of experience, knowledge and approaches, is now seen as a realistic proposition (eg Sloper, 2004). Nonetheless, sharing disciplinary expertise and changing status can be threatening to professional identity, particularly when such knowledge exchange would enable another professional to undertake your own role or require you to take on another professional's role (Abbot, Watson and Townsley, 2005; Frost and Robinson, 2007; Leadbetter, 2006; Robinson, Anning and Frost, 2005). Furthermore, blurring roles could erode professional identities through reducing an individual's sense of unique professional contribution (Frost and Robinson, 2007; Moran and others, 2007). Maintaining deep specialist knowledge and holding onto specialist identities while constructing new "multi-agency identities" can be difficult (Robinson, Anning and Frost, 2005), particularly where knowledge bases and professional cultures conflict. Furthermore, professionals are often unclear about what "being a multi-agency professional" means in practice, so it can be difficult to develop and feel secure with such an identity (Leadbetter, 2006). In essence, then, identity dilemmas are about how an individual sees themselves and how others see them.

*Control dilemmas*

Control dilemmas arise where professionals have to deal with contradictory models of practice and different versions of knowledge in decision-making. This may lead to professionals feeling undervalued or ignored, and potential confusion for service-users. Tensions rooted in control dilemmas can stem from situations where professionals from different agencies face differing specific agendas and priorities (O'Brien and others, 2006; Warin, 2007), as well as different conditions of work (Easen, Atkins and Dyson, 2000). Cultural differences between professional groups, such as the causal models used to analyse cases, can also result in control dilemmas (Easen, Atkins and Dyson, 2000; Frost and Robinson, 2007; O'Brien and others, 2006; Sloper, 2004). In essence, then, control

dilemmas centre upon professional disagreements in collaborative decision-making processes

### ***Multi-agency dilemmas and collective preferences***

This study explores these dilemmas and relates them to collective preferences. The existing literature reiterates the need for shared goals, and extensively covers the problems around multi-agency working, which are usually conceptualised simply as barriers to collaborative working. However, there is little that explores the complex nature of dilemmas (specific problems where all possible solutions have disadvantages) in inter-professional working and links this with the collaborative development and pursuit of shared goals. Collective preferences can act as a resolution, or working settlement, of such dilemmas, with professionals developing shared goals, working out how they can best be achieved, and then working towards those goals. Thus, when people manage to achieve and enact collective preferences it indicates that they have resolved these dilemmas in some way: they have accepted some level of disadvantage in order to move forward collaboratively. Of further interest is what professionals have to negotiate in order to reach such a settlement.

The research questions of this study are as follows:

- i. Do professionals believe that enacting collective preferences would be a desirable resolution to role, identity and control dilemmas?
- ii. What factors complicate the ability of professionals to reach collective preferences?

### **Method**

The three types of dilemma around role, identity, and control, were developed into realistic scenarios that professionals in multi-agency teams might encounter. Real-life stories taken from discussions with practitioners were used to develop these scenarios.

These scenarios were used as stimuli for semi-structured interviews with individual team members, and for discussions in focus groups with several team members participating. Interviews and focus groups explored: the main issues that participants thought arose from the scenarios; what tensions they saw in the scenarios; what they thought the consequences of different options would be; what would be a practical resolution to the scenarios; descriptions of any similar dilemmas and outcomes that they had encountered in their own professional practice.

### **Sample**

Eight inter-professional teams with a reputation for effective multi-agency working (recommended by other researchers in the field, and by directorial level staff in local authorities and councils) took part in the research. Three teams were from a Child and Adolescent Mental Health Service (CAMHS) background, three were from a Special Educational Needs background (SEN), and two were from a Social Care background. Table 1 shows biographical details of each team.

*Table 1 about here*

In total, 54 individual interviews were carried out across the eight teams, and a focus group was held with each team. Five individuals who participated in the interviews were not able to attend the focus group for their team. However, six people, not available for individual interview, did attend focus groups. The ethical issues of this research were approved by the institution's Ethical Committee. All participants were assured that their responses and their teams would be non-identifiable in the dissemination of the project, and of the right to review their transcripts and any use of their quotes, and withdraw any of their own data at any point from data collection to dissemination.

**Analysis**

Interviews and focus groups were audio-taped and transcribed verbatim. The transcripts for each dilemma were analysed in NVivo for emergent themes. The author of this paper carried out the interviews and led the analysis of the transcripts. All transcripts were read through once without any coding. A second reading generated a set of initial codes and these codes were refined in a repeat round of coding. The codes were then grouped into over-arching themes which emerged from the initial codes (see Table 2).

*Table 2 about here*

**Results**

Two codes (Common Goals and Common Plans) relate to the theme of collective preferences. Four further interconnected themes arose: identity; expertise; territory; and power. *Identity* refers to the type of professional that participants considered themselves to be. *Expertise* refers to how professional knowledge informs practice. *Territory* refers to what professionals believe to be their own and others' remits or roles. *Power* refers to imbalances in influence when decisions are being made. All themes arose in discussions of each of the three dilemmas, but occurred with differing frequency (see Table 3).

*Table 3 about here*

Participants described the importance of holding a common goal and shared agenda. This was sometimes discussed in imprecise terms which did not clarify



the details of the process; there seemed to be an implied assumption that having a shared focus was enough to iron out problems of joint work:

*"the vast majority of people are interested in the child's welfare and as soon as you tap into that they'll be happy with it" (Advisory Teacher, Urban SEN Team, explaining how they would try to reduce disagreement between professionals around a proposed course of action.)*

This approach assumes that common goals can be used to overcome dilemmas. However, the very nature of the dilemma may mean that agreeing on and committing to common goals and strategies might be problematic. Nonetheless, elements of collective preferences were discussed by other participants more specifically in terms of *what* they were aiming to achieve. Goals were discussed in more detail, particularly with reference to the construction of a common plan on how to best achieve those goals:

*"I suppose that they need to get together and discuss what actually needs to be done and how that actually needs to be carried out or where it needs to be carried out." (Portage Worker, Metropolitan SEN Network, discussing what needs to be done in a situation where some professionals have decided, in the absence of the EP, that the EP should carry out a particular piece of work.)*

Participants thus described the essential components of collective preferences – the construction of and commitment to a shared goal, an understanding of the processes entailed in working towards that shared goal, and clarification of who would undertake which roles in that process. While the nature of dilemmas means there may not be an obvious and straightforward solution that is best for all concerned, holding and enacting a collective preference was described as a desirable outcome or resolution.

Achieving this as an outcome, however, was complicated by issues around identity, expertise, territory and power. The theme of **professional identity** was clearly linked to the identity dilemma, which presented a practitioner facing a decision between being immersed in their specialism, or broadening out their field of practice. The theme also occurred to a lesser extent in the role and control dilemmas. Participants discussed the advantages of remaining allied to their own specialism, including: having clear line management; structured routes of progression through the field; and being able to discuss cases with likeminded colleagues. While most participants commented on the ways in which combining expertise and developing more holistic viewpoints can help in the generation of shared goals, there was an underlying concern that reconceptualising professional identity as a multi-agency professional could mean losing a sense of their *professional background*, and where they belong:

*"Your identity starts to dissolve in other areas - the new culture that you find yourself in - and I think you can end up feeling an outsider in both actually. You can end up feeling an outsider in CAMHS set up and in the education set up. So when she goes back to her health colleagues she will soon be seen as having alliances with the education workers and not truly one of us." (Clinical Psychologist, Metropolitan CAMHS Team, drawing from their own experiences to describe how a CAMHS nurse might feel if she was based with an education team.)*



Some participants suggested that it may be easier for an established specialist who was confident in their expertise to reconceptualise themselves as a multi-agency worker, than for a newer professional still trying to understand their professional identity. There were also concerns around *professional progression* and recognition when working across traditional professional boundaries:

*"I think what you become, and it's not recognised anywhere in any CPD, is an expert in your own field. You become expert in a very unique slice of the interaction between CAMHS and education but there's no one to say you are up to date with this and you've got related knowledge about that, so it's less valued" (Clinical Psychologist, Metropolitan CAMHS team, describing the issues that a CAMHS nurse might face when placed in an education team.)*

The frequency of reference to the role of specialist expertise in professional identity suggests its importance to participants. Several pointed out the irony that to do too much with a multi-agency team would mean it was harder to retain a *specialist perspective*. This was often discussed in terms of professionals thinking "where their roots were", "where they were born as professionals", or "needing to keep your feet in both camps". This focus on origin stemmed from different sources: participants wanted to "keep in touch" with their own background, be clear about the "type of professional" that they were, and were concerned about maintaining their specialist contribution to the development and execution of the group's objectives.

**Expertise**, as a theme, was particularly related to the role dilemma. This theme focuses on the way in which professional knowledge informs the process of constructing and working towards joint goals. Participants discussed the need to be differentiated by expertise and maintain a unique contribution, but also the need to understand areas of overlap, and how expertise can be shared. Several participants suggested that in joint work there should be *recognition for specialist contribution*:

*"What went wrong with that person in Social Services was that Social Services, being so overburdened, didn't value what a specific CAMHS nurse would bring, it was just another body to shove things onto and that's why she wasn't allowed to retain her identity as a CAMHS nurse within that team." (Social Worker, Urban CAMHS Team, referring to a situation in the past experience where a CAMHS nurse had left a Social Services team)*

Participants considered this alongside the need for generic work that can be done by anybody, which means that practitioners may not always be able to *use their specialist expertise*, or stick rigidly to their agency remit if team aims are to be achieved:

*"If our educational welfare officers are busy, if their books are full and a child needs something support wise, I'll do it. Quite often supporting carers, I've just been there for people and you know, and sometimes just giving lifts, a child has got to be got from A to B, it's not really a teacher's job to be a taxi service, but it's kind of meeting the needs of a child at the end of the day. If there's nobody else to do, we just do it" (Advisory Teacher, Metropolitan Social Care Network, when asked whether they ever carried out the work that she feels another professional should do)*

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3 The opportunity to use specialist expertise was also limited by resources and  
4 *capacity*, as specialist expertise was sometimes seen as too expensive.  
5 Participants found this frustrating, feeling that service users missed out on the  
6 wealth of background experience that specialist professionals brought, when  
7 interventions were carried out by less specialised professionals.  
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10 The importance of *understanding roles and contribution*, particularly regarding  
11 areas of *difference and overlap*, was discussed by several participants. In  
12 particular, the co-located Behaviour Support Team talked about the dangers of  
13 becoming a “homogenous mass” – a few years previously team members had  
14 recognised that they were carrying out very similar roles and worked hard to re-  
15 instate their specialist positions within the team. More generally, many  
16 participants described clarifying the way in which individual contributions fit  
17 together to create the overall picture of what the team is trying to do. Several  
18 discussed wanting to have a clear idea of their own unique contribution to the  
19 team, whilst recognizing that ‘*cross over with somebody else*’ was not  
20 problematic.  
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24 Some participants described working with others who were reluctant to accept  
25 expertise that was different from their own, although the benefits of combining  
26 *different perspectives* and expertise to help make the best joint decisions were  
27 often discussed:  
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30 *“If there wasn’t any challenge, if there wasn’t any discussion around it, if there wasn’t a different*  
31 *viewpoint how could you be sure that the decision that was made was the best possible one? It’s*  
32 *the same for me in our team meetings, that we have those discussions behind closed doors and*  
33 *then present the school with a united, ‘hear our thoughts, this is what we think’ ... there are often*  
34 *things that I will have not thought of, and somebody else won’t have thought of a different*  
35 *viewpoint, so it’s important that we all have a chance to access those different viewpoints.”*  
36 *(Advisory Teacher, Urban SEN Team, discussing the benefits of having different viewpoints*  
37 *within a team)*  
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40 The way in which participants discussed expertise often involved the different  
41 contributions that individuals could make to the different stages of joint work –  
42 particularly in formulating an approach to a given problem, and delivering work.  
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45 The theme of ***territory*** was particularly prevalent in the role and identity  
46 dilemmas. Participants discussed what professionals believe to be their own and  
47 others roles and remits, what different professionals should contribute to the joint  
48 work, and how this impacts on what type of expertise can and should be shared.  
49 When determining how team goals can best be met, professionals face choices  
50 around what roles to delegate to less-specialist or less-skilled colleagues, and  
51 what to keep as the unique contribution of their profession. *Sharing and*  
52 *distributing expertise* was a code that occurred often in all three dilemmas. The  
53 limitation of what could realistically be shared, given the nature of the knowledge  
54 that lay behind the expertise, was a part of this, as was the way in which  
55 professionals can be territorial about their expertise, and only want to share it  
56 when it suits their own, individual purpose:  
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*"I think we are all a bit precious about our identities but I think people hang on to their skills until actually it's something they don't particularly want to do and then they go it's all right for somebody else to do it." (ADHD Specialist CAMHS Nurse, Urban CAMHS Referral Group, describing when some professionals might want less-skilled people to carry out a certain job)*

Consideration of *boundaries*, and how appropriate different activities are for particular professionals, was described as having an impact on the roles that professionals play in joint work. The job that professionals are contracted to do, alongside their *agency's priorities* may help establish what those boundaries are. However, some participants discussed the flexibility that can lie within an *agency remit*, and how an individual can *'contribute in a common sense sort of a way if it's going to benefit the child'*.

The theme of **Power** refers to imbalances in influence when decisions about provision are being made: who has most say in those decisions can be influenced by factors such as domain, knowledge, personality and status.

The domain in which a scenario is being enacted was often discussed with reference to education, with SENCOS being seen as powerful within a school, and CAMHS workers, for example, having *'more status in terms of the concerns about a family'*. *Influence over others* was discussed in a number of ways. The way in which some professionals, such as psychiatrists, were seen as having professional responsibility and high levels of expertise which led to other professionals being more likely to accept their authority was described by some participants. However, others described how they could act *'as a resource'* which others *'can choose to use'* but without needing *'to be dictatorial about the way that happens'*.

Participants also described how professionals can influence service users' views or decisions, whether it is through having the *'closest relationship with them because they work with them all the time'*, *'having clear opinions about what's right'*, or *'being somebody important'*. The code of *status* included comments around high-status jobs and lower status jobs. In particular, the difficulties of having a high status within a team were described by a clinical psychologist, who felt uncomfortable when team members appeared to value her expertise over their own.

Issues of power in the way a team functions and *who makes decisions* were discussed with regard to how scenarios were played out. Participants related experiences of decisions significant to their multi-agency team's ability to function effectively being made by people who were not aware of the ways in which the team worked. This highlights the importance placed on an understanding of the day-to-day functioning and processes of a team. The idea of *knowledge* as currency arose with regard to the impact a professional can have on decision making. Some professionals were described as reluctant to share information, because if they did then others *'might not want to come back'* to them in the future. This connects with the feeling that it is important to make a unique

contribution. The force of individual *personality* and persuasiveness was also seen as influencing decision-making:

*"If you've got someone who is very strong and very argumentative and very domineering and they will try and force through their viewpoint through bullying to someone who is quite timid."*  
(Educational Welfare Officer, Urban Social Care Case Group, discussing ways in which two professionals might settle a disagreement.)

## Discussion

This analysis showed that participants described elements of enacting collective preferences (establishing joint goals, considering how those goals could best be met, and their role in meeting those goals) when they discussed dilemma resolutions. Although some participants appeared to assume that joint goals automatically lead to dilemma resolutions, others clarified that they would try to achieve a collective preference as an "end product". Participants described the importance of being able to respond flexibly to the changing circumstances in which they find themselves, and to the changing needs of the people and children with whom they work.

There was a tendency for some participants to adhere to the rhetoric of shared goals, without going beyond that to consider the details (and possible complications) of meeting such goals. However, the aim of constructing and working towards joint goals described by other participants demonstrates that collective preference is a useful conceptualisation to use when looking at joint work. This explicit conceptualisation of the process of joint work builds on the literature that suggests a clear procedural strategy needs to follow joint aims for collaborative work to be achieved.

The second strand of this analysis, however, shows that achieving collective preferences in practice may not always be straightforward. The themes of identity, expertise, territory and power that emerged from the analysis can be described as arising from the details of professional activity or role. What the professional does, who they interact with, and how professional relationships are played out are all factors that have the potential to complicate processes of enacting collective preference. Issues around identity, expertise, territory and power that stem from these details mean that reaching a collective preference is not "simply" a matter of establishing and committing to joint goals and plans. When there are disagreements around joint goals and plans, the process of reaching an agreement will not only have to deal with the specific subject of conflict, but will also entail an understanding that people are facing these issues around identity, expertise, territory and power. These issues need to be negotiated in order to achieve an agreed collective preference.

As illustrated in the literature review, aspects of these four themes have arisen in previous research on multi-agency working. Such issues, however, are usually discussed as the *result* of collaborative work, not as factors that need to be negotiated in the pursuit of joint goals. As the interviews in this study illustrated, these issues are inherent in multi-agency working. They can arise when constructing and trying to work towards joint goals, and they can be difficult to ignore or override. As such, it may be that some negotiation and compromise is needed – for example, professionals may have to adjust to a conceptualisation of themselves as non-specialists; or accept that achieving the team’s goals may not always entail use of their specialist knowledge; or come to terms with carrying out roles that would traditionally fall to someone else; or cope with someone else being given disproportionate decision making power due to the setting of the joint work. The key contribution of this paper to the field, therefore, is to show that enacting collective preferences (the construction and coordinated pursuit of joint goals) may entail some kind of professional self-sacrifice, whether that is around identity, expertise, territory or power.

What is needed now is to understand how collective preferences are enacted in real-world practice. The discrepancy between description and practice is difficult to judge in a study such as this, even when participants describe experiences that they have encountered in the past. Furthermore, knowledge about how practitioners deal with the complications of identity, expertise, territory and power when constructing and working towards shared goals could inform the ways in which the theory of collective preferences can usefully be applied to multi-agency working, both in practice and in conceptualisation.

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Table 1: Details of the eight teams that participated in the research

Field	Geographical area	Nature of team
CAMHS	Metropolitan <sup>1</sup>	Co-located, part-time members, plan service delivery together. Clinical Psychologists; Assistant Psychologist; Speech and Language Therapist; Occupational Therapist.
CAMHS	Urban <sup>2</sup>	Co-located, part- and full-time members, plan service-delivery together. Psychiatrist; Clinical Psychologist; Assistant Psychologists; Primary Mental Health Workers; Social Worker.
CAMHS	Urban	Referral group, members meet fortnightly to determine outcome of service referrals. ADHD Specialist Nurse; Behaviour Education Support Team (BEST) Manager; BEST Assistant Manager; Social Care Duty Team Manager for 0-18 Years; CAF Coordinator; School Nurse, Social Worker.
SEN	Metropolitan	Co-located network, plan and deliver together occasionally. Clinical Psychologist; Physiotherapist; Speech and Language Therapists; Portage Worker; Child Community Nurse; Early Years Support Worker, Multi-Agency Team Lead; Social Worker.
SEN	Urban	Loose network with a Behaviour Support Team (BST) at the hub, different members plan and deliver together occasionally. Parenting Coordinator; Educational Psychologist (BST); Educational Psychologist (Local Authority); Clinical Psychologist; Art Gallery Education Officers; Learning and Mentor Lead Behaviour Professional; Children's Centre Manager; Pupil Support Officer for Education Improvement Partnership; BST Parent Support Worker.
SEN	Urban	Co-located Behaviour Support Team (BST), full- and part-time members, plan service delivery together. BST Manager; Advisory Teachers; Primary Mental Health Workers; Behaviour Support Workers; Early Years Support Worker.
Social Care	Metropolitan	Network for the Education of Looked After Children, with a coordinator at the hub. Social Worker; Community Support Worker; Nurse (Looked After Children); Advisory Teacher; Residential Child Care Worker and Education Link Worker; Educational Development Worker.
Social Care	Urban	Group of professionals who are all working on a particular social care case. Educational Welfare Officer; Police Officer; Social Worker; Foster Care Social Worker; Student Support Manager and Child Protection Officer; Community Mental Health Nurse.

<sup>1</sup> A metropolitan borough is an administrative subdivision of the largest urban conurbations in England  
<sup>2</sup> An urban area in this case is an administrative division serving a medium or large town



Table 2: Definitions of codes

<b>Theme</b>	<b>Code</b>	<b>Definition – what the comments in this code refer to</b>
COLLECTIVE PREFERENCES	Common Goal	Sharing a focus, or idea of what the group is aiming to achieve
	Common Plan	Having a mutual understanding of how to achieve a shared group aim
IDENTITY	Professional background	Who practitioners are paid by, how they were trained, and who they align themselves with professionally
	Professional progression	How practitioners extend their professional knowledge and career prospects
	Specialist perspective	The perceived importance of practitioners professional knowledge
EXPERTISE	Different perspectives	Differences between practitioners' expertise and knowledge
	Overlap	Overlaps between practitioners' expertise and knowledge
	Recognition of contribution	Acknowledgement of the contribution made by an individual to a plan or outcome
	Capacity	The amount of time or resources taken to contribute to a piece of work
	Role understanding	Knowing what it is that other practitioners are able to do
TERRITORY	Using specialist expertise	How much practitioners use their specific professional knowledge
	Sharing expertise	Practitioners letting others know how to do what they do
	Boundaries	Appropriateness of activities for particular practitioners
	Agency/professional priorities	What practitioners are employed or contracted to do
POWER	Who makes decisions	Who determines courses of action, and where they are positioned in relation to the rest of the team.
	Status and hierarchy	Practitioners' status or hierarchical position
	Influence over other professionals	How a practitioner can influence another practitioner's view, decision or behaviour
	Influence over service users	How a practitioner can influence a service user's view, decision or behaviour
	Knowledge about a case	How much a practitioner knows about a case
	Domain	In whose domain a scenario is enacted
	Personality	The influence of a practitioner's personality on courses of action

Table 3: Themes and codes related to dilemmas

Main theme	Code	Number of participants <sup>1</sup>			
		Frequency in each dilemma			
		In total <sup>2</sup>	Role	Identity	Control
Collective Preferences	Common Goal	25	13	6	12
	Common Plan	20	13	1	9
Identity	Professional background	33	2	33	0
	Professional progression	20	2	19	3
	Specialist perspective	41	8	39	1
Expertise	Different perspectives	53	34	30	36
	Overlap	21	18	8	3
	Recognition of contribution	40	37	5	6
	Capacity	32	27	9	1
	Role understanding	38	32	10	9
	Using specialist expertise	45	41	15	2
Territory	Sharing expertise	28	21	15	2
	Boundaries	41	32	13	4
	Agency/professional priorities	41	19	23	8
Power	Who makes decisions	23	11	7	10
	Status and hierarchy	26	8	7	18
	Influence over others	22	7	4	15
	Knowledge about a case	20	6	3	13
	Territory	27	9	9	18
	Personality	14	3	1	10

<sup>1</sup> Frequencies in these columns take account of the number of interviews in which this code appeared. If the code appeared in a focus group, no matter how many times it occurred or how many people discussed that code in a particular dilemma discussion, it is counted once. If a code appears in an individual interview, it is counted once, no matter how many times it occurs over the course of the dilemma discussion.

<sup>2</sup> The total frequencies for each code are not necessarily the same as the sum of the dilemma frequencies. The total column refers to the whole interview or focus group as a unit, whereas the dilemma columns refer to the separate dilemma discussions as a unit. Thus a code could occur in each separate dilemma discussion over the course of a single interview (so would be counted once for each dilemma), but would only be counted once in the total column, as it occurred three times in the same interview.